



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

HAMILTON COUNTY

3

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Committee to Elect Mark Boice

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 776-3844

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

107 Cherokee Lane

5. City, State, ZIP Code

Noblesville, IN 46062

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Mark William Boice

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Noblesville Common Council District 4

10. County of Residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: January 1, 2010

Through: December 31, 2010

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$8,466.39

14. Cash on hand and investments January 1, current year.

\$8,466.39

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

\$0

15b. Unitemized

0

\$0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0

\$0

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

\$0

\$0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

\$2,938.59

\$2,938.59

17b. Unitemized

\$ 392.00

\$ 392.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

\$3,330.59

\$3,330.59

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

\$5,135.80

\$5,135.80

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Treasurer

Date

1-14-11

Date

1-13-11

FOR OFFICE USE ONLY



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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> The Times 641 Westfield Road Noblesville, IN 46060	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Education	\$200.00	\$200.00	1/25/10 & 12/13/10
Code <u>C</u> Hamilton County Leadership Academy P.O. Box 1414 Noblesville, IN 460611	Community Organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Community Education	\$1,500.00	\$1,500.00	8/19/10
Code <u>C</u> Local 4416 FIRE-PAC 23 S. 8 th Street Suite 1200 Noblesville, IN 46060	Community Organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Donation	\$100.00	\$100.00	8/19/10
Code <u>C</u> Noblesville Schools Education Foundation P.O. Box 724 Noblesville, IN 46061	Community Organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Donation	\$100.00	\$100.00	12/15/10
Code <u>C</u> Prevail, Inc. 1100 South 9 th Street, Suite 100 Noblesville, IN 46060	Community Organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Donation	\$150.00	\$150.00	8/25/10
Code <u>A</u> Heather Moritz 13438 Fulton Drive Fishers, IN 46038	Designer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Marketing	\$409.59	\$409.59	11/29/10
Code <u>C</u> Fifty Club of Hamilton County, Inc. P.O. Box 591 Noblesville, IN 46061-0591	Community organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Donation	\$125.00	\$125.00	9/27/10
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2,584.59		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					



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Code <u>C</u> Indianapolis Zoological Society P.O. Box 22309 Indianapolis, IN 46222-0309	Non-Profit	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Contribution	\$149.00	\$149.00	5/28/10
Code <u>C</u> Conner Prairie 13400 Allisonville Road Fishers, IN 46038	Non-Profit	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Contribution	\$100.00	\$100.00	7/28/10
Code <u>A</u> Carrie Furry 11877 Legestone Circle Fishers, IN 46037	Photographer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Marketing	\$105.00	\$105.00	9/30/10
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$354.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$2,938.59		